

ASSISTED LIVING INCOME AND EXPENSE QUESTIONNAIRE

INCOME QUESTIONNAIRE FOR 36 MONTHS FROM 2012 TO 2014

NAME AND LOCATION OF PROPERTY

OWNER AND ADDRESS OF RECORD

RENT SCHEDULES:

	<u># UNITS</u>	<u>BATH/UNIT</u>	<u>2014 RENT/MO.</u>	<u>2013 RENT/MO.</u>	<u>2012 RENT/MO.</u>
Efficiency	_____	_____	_____	_____	_____
1 Bedroom	_____	_____	_____	_____	_____
2 Bedroom	_____	_____	_____	_____	_____
Other (List)	_____	_____	_____	_____	_____
PARKING # SPACES	_____	_____	_____	_____	_____
Retail/Commercial:	<u># UNITS</u>	<u>LEASABLE</u>	<u>RENT/SF</u>	<u>RENT/SF</u>	<u>RENT/SF</u>
Shops/Stores	_____	_____	_____	_____	_____
Offices	_____	_____	_____	_____	_____
Other (List)	_____	_____	_____	_____	_____

ANNUAL INCOME:

	<u>2014</u>	<u>2013</u>	<u>2012</u>
1. Total Gross Rents (100% Occupancy)	\$ _____	_____	_____
2. Owner, Janitor, Manager Apartments	\$ _____	_____	_____
3. Other Income	\$ _____	_____	_____
4. Loss Due to Vacancy or Delinquent	\$ _____	_____	_____
5. TOTAL ACTUAL INCOME (Total lines 1-4)	\$ _____	_____	_____

EXPENSES:

6. Payroll (except manager, repair)	\$ _____	_____	_____
7. Supplies (janitor, bulbs, etc.)	\$ _____	_____	_____
8. Electricity	\$ _____	_____	_____
9. Water/Sewage	\$ _____	_____	_____
10. Fuel (Type of fuel _____)	\$ _____	_____	_____
11. Management Fees/Wages	\$ _____	_____	_____
12. Administrative Costs (List)	\$ _____	_____	_____
13. Maintenance & Repairs (List)	\$ _____	_____	_____
14. Food Cost	\$ _____	_____	_____
15. Housekeeping	\$ _____	_____	_____
16. Laundry & Linen	\$ _____	_____	_____
17. Nursing	\$ _____	_____	_____
18. Resident Activities	\$ _____	_____	_____
19. Miscellaneous Expenses	\$ _____	_____	_____
20. Fire Insurance & Extended Coverage	\$ _____	_____	_____
21. Reserve for Replacements (List)	\$ _____	_____	_____
22. TOTAL EXPENSES	\$ _____	_____	_____

MORTGAGE/SALES INFORMATION:

1. Is there a current mortgage on this property? Yes _____ No _____
2. If Yes, please provide the following data:

Name of Mortgagee

Mortgage Amount

Interest Rate

Term of Mortgage

Date 1st Payment

Monthly Payment

3. Please provide: Date Purchased _____ Consideration _____

I declare, under the penalties of perjury, that the contents of this form and all the accompanying schedules and statements have been examined by me and are true, correct, and complete to the best of my knowledge, information, and belief.

Signature

Title of Signer

Date

Print/Type Name of Signer

Phone Number

RP- 6A (Rev. 12/03rs)